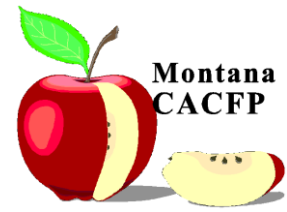


Sponsor/Provider Agreement

CHILD AND ADULT CARE FOOD PROGRAM



SECTION I

Day Care Home Provider Information

DCH Provider's Name _____ Date of Birth _____

Business Name _____ PV Number _____

Facility Address _____

Facility Mailing Address (if different) _____

Business Phone _____ Email Address _____

Is the DCH operated in a residence other than the Provider's Home? _____ Yes _____ No

If YES, Provider's Home Address _____

Did Provider move here from another State? _____ Yes _____ No Name of State _____

Will the DCH Provider be claiming Provider's own children? _____ Yes _____ No _____ N/A

License/Registration Information

Capacity _____ Overlap _____ Registration Number _____ Expiration _____

Provider will supply Sponsor with updated registration if any information changes. **Provider Initials** _____

Name of Assistant (if Group Day Care Home) _____

Business Hours _____ am - _____ pm **Circle** Business days of week: Sun Mon Tues Wed Thurs Fri Sat

The following meals will be claimed for reimbursement at the start times shown:

Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Evening Snack _____

Provider will notify Sponsor of changes in operating hours or meal times. **Provider Initials:** _____

The above meals and meal times are approved. **Sponsor Initials** _____

Previous Participation

Provider _____ has _____ has not previously participated in the CACFP. *Complete if applicable:*

The term "Provider" throughout this agreement references the Provider as shown in Section I above.

The term "Sponsor" throughout this agreement references the Sponsor with whom this agreement is made, as shown on page 5 of this agreement.

SECTION II: Rights and Responsibilities of Sponsor

The Sponsor will:

1. Obtain and keep updated copies of Provider's current registration;
2. Train new Providers on CACFP requirements before new Providers begin CACFP participation;
3. Offer training sessions to meet Providers minimum 4 hour CACFP training requirement;
4. Respond to Provider's needs and requests for technical assistance regarding compliance with CACFP requirements as stated in 7 CFR 226 and MT state administrative rules and policies;
5. Furnish standard record keeping forms to Provider necessary to perform their duties in Section III of this agreement;
6. Determine Provider's tier status based on completed Provider applications for free and reduced price reimbursement (IEF's), and notify Provider annually of their tier status. At the request of Provider supply IEF's to Provider for distribution to parents of enrolled children attending Tier II day care homes, and determine Tier I or Tier II status of enrolled children based on completed parent IEF's;
7. Keep IEF and income information confidential, assure it is not disclosed to Provider, and limit use of this information to necessary administrative personnel of Sponsor;
8. Reimburse Provider for all valid claims for meals served to enrolled children at the current reimbursement rate specified through guidance issued by the USDA and in accordance with 7 CFR 226.16(g);
9. Distribute payment to Provider within 5 days of receiving payment from the MT CACFP;
10. Not charge a fee to Provider for CACFP services;
11. Assure that all meals claimed by Provider for reimbursement are served to enrolled children without regard to race, color, national origin, sex, age or disability and that all meals claimed meet the meal requirements of 7 CFR 226.20 by including the non-discrimination/Civil Rights topic as part of the annual training;
12. Annually supply the written procedure to request an Administrative Review (appeal) to Provider;
13. Notify Provider of any new CACFP requirements upon receipt from the MT CACFP;
14. Conduct parent surveys, contacting parents at the Sponsor's discretion, to assure CACFP compliance; and
15. Perform a minimum of 3 monitoring visits of Provider each federal fiscal year (10/1 – 9/30) to assure CACFP compliance and provide technical assistance as needed.

SECTION III: Rights and Responsibilities of DCH Provider

Provider agrees to:

1. Daily attendance, time in/time out records, indicating children in care must be kept. Sign-in/sign-out records must include the child's **FULL** name and be signed or initialed by parents/guardians **[including the provider's own children]**, at a minimum, weekly at the **end** of each business week. Failure to maintain daily sign-in/sign-out records may be cause for meal disallowances;
2. Keep daily records of meal service and meal participants including: **A.** menus for all claimed meals, including foods served to enrolled children at each meal each day; **B.** the number of each meal, by type (Breakfast, Lunch, Supper, Snack) served to enrolled children at each meal service; **C.** the number of enrolled children in care each day; and **D.** the names of enrolled children in care each day;
3. Post a minimum of 1 week's menus in an area visible to parents, and serve meals which meet the requirements of 7 CFR 226.20; **A.** for the ages of children being served; **B.** for the types of meals approved in Section I; and **C.** at the time of meal service as stated in Section I;
4. Keep all required records on site and available for review for 3 federal fiscal years (FFY's) plus the current FFY;
5. Serve meals at no separate charge to all enrolled children without regard to race, color, national origin, sex, age or disability and include the non-discrimination statement on parent information per annual training stipulations [see statement at the end of this Agreement];
6. Not charge for meals on any day for children: **A.** not enrolled for participation in the CACFP; **B.** not attending that particular day; **C.** in excess of authorized capacity; or **D.** in excess of meal limits of two snacks and one meal or two meals and one snack per day per child;
7. If applicable, claim meals served to "Provider's Own" children only when: **A.** eligible for Tier I based on income documentation and a completed IEF submitted and approved by Sponsor; **B.** such children are enrolled and participating in the CACFP during the time of the meal service; and **C.** enrolled nonresidential children are present and participating in the CACFP meal service;
8. Attend annual training sessions offered by Sponsor to meet the CACFP training requirement of 4 hours that includes a minimum of 2 hours CACFP regulatory training and 2 hours of nutrition training;

9. Allow representatives of Sponsor, the MT CACFP, the State Agency, and other State and Federal Officials to make announced or unannounced reviews of Provider's facility and to have access to their meal service and records during its normal hours of child care operations. Provider understands that review personnel must show photo identification demonstrating employment with one of the above entities at the time of the review;
10. Provide documentation of income to Sponsor for use in determining Tier 1 status based on income;
11. Notify Sponsor of Provider's choice in determining Tier 2 reimbursement by: **A.** accepting Tier II rates of reimbursement for all children; or **B.** supplying IEF's to all households for Tier I & II determination by the Sponsor; and **C.** having categorical eligibility documentation from categorically eligible households and/or participants provided to Sponsor;
12. **Be approved to serve the meals listed in Section 1 starting on _____.**
DATE
13. **Submit claims for reimbursement to Sponsor by the _____ day, or _____ working day of each month.** Provider understands that failure to submit claims by the due date may cause a delay in payment to Provider;
14. If capacity or address changes, provide a revised registration certificate to Sponsor. Providers that are not currently licensed may not participate in the CACFP;
15. Not be allowed to switch Sponsors more than one time in any 12 month period;
16. Notify Sponsor whenever Provider and children will be absent during the regularly scheduled meal services;
17. Inform Sponsor of any change in the number of children enrolled for care or in licensing/registration approval status;
18. Have a working thermometer in the refrigerator and freezer keeping food in the food safe zone, and store foods in a safe manner;
19. Complete any/all Corrective Action Plan (CAP) with an existing Sponsor before switching to a different Sponsor;
20. Understand that a Provider ceasing operations while determined to be Seriously Deficient in their operation of the CACFP will be included on the State and National Disqualified lists until such time as the Montana CACFP determines that the Serious Deficiency has been fully and permanently corrected; and
21. Understand that on-site training will not be available to Providers under corrective action for missing annual training, except in extreme cases, as defined by the Sponsor.

SECTION IV: Serious Deficiencies and Termination

The following CACFP Violations are reasons to be declared seriously deficient in the operation of the CACFP and may be "cause" for termination of this agreement. This list of serious deficiencies is not all inclusive.

1. Submission of false information on the application;
2. Submission of false claims for reimbursement, including claiming of reimbursement for meals not served to participants, or claiming for meals served over licensed capacity;
3. Simultaneous participation under more than one sponsoring organization;
4. Regularly serving meals that do not meet the meal pattern;
5. Failure to attend annual CACFP training;
6. Failure to keep required records on site;
7. Failure to comply with licensing/registration standards;
8. Failure to comply with civil rights laws;
9. Conduct or conditions that threaten the health or safety of a child(ren) in care, or engaging in activities that threaten the public health or safety;
10. Failure to notify Sponsor of, or to disclose a conviction for any activity that occurred during the past seven years that indicated a lack of business integrity.

Sponsors identifying issues of non-compliance with Provider's operation of the CACFP, will:

1. Document all deficiencies and violations in writing to Provider, and supply a Corrective Action Plan;
2. Report non-compliance with licensing/registration standards to the local MT licensing agency;
3. Investigate all complaints alleging non-compliance with CACFP requirements by conducting on site reviews, and at Sponsor's discretion, conduct parent surveys, contacting parents in written format or telephonically, and maintain thorough documentation of the results and of all follow-up activities;
4. Advise Provider in writing that they will be monitored to assure continued compliance;
5. Provide technical assistance in the area of non-compliance to prevent re-occurrence and maintain documentation;
6. Issue a Corrective Action Plan (CAP) or a Notice of Serious Deficiency depending on the seriousness of violations and regularly repeated findings. Provide a CAP to Provider, notifying Provider of the steps to be taken to obtain and assure all CACFP deficiencies are fully and permanently corrected, allowing a maximum of 30 days for completion. When determined to be seriously deficient, provide written notice to Provider, listing all Serious Deficiencies and notify Provider that failure to complete a satisfactory CAP will result in the issuance of an "Intent to Terminate" Provider's agreement for CACFP participation;
7. Request repayment of Provider overclaims, and notify Provider that failure to complete an initial CAP within the specified time frame will result in a declaration of Serious Deficiency;
8. Define the problem in detail in the letter and CAP, allowing a period for corrective action, and provide technical assistance maintaining thorough documentation during the corrective action period; and
9. Forward copies of the letter of Serious Deficiency and "Notice of Intent to Terminate" to the MT CACFP for inclusion on the State and National Disqualified Lists.

Procedures to be followed by Sponsor when issuing a notice of "Intent to Terminate":

1. The notice of intent to terminate will specify the date of termination, inform Provider of their right to an Administrative Review (appeal), and include the information form "Administrative Reviews (Appeals) for Day Care Homes".
2. Sponsor will forward copies of the "Intent to Terminate" notice to the MT CACFP.
3. During the Administrative Review (Appeal), reimbursement for all valid portions of the claim will continue to be paid through the termination date stated in the notice of "Intent to Terminate", unless Provider declines to receive payment.
4. When Provider is suspended based on imminent danger to the health or welfare of participants or activities that threaten the health and safety of the general public, CACFP reimbursement is not paid.

Either Sponsor or Provider may terminate this agreement, for convenience by sending a 30 day written notice to the other party.

SECTION V: Certifications

Provider must initial each certification below:

1. Provider understands that failure to notify the Sponsor whenever Provider and children will be absent during a regularly scheduled meal visit will result in meal disallowance for those meals, and that continued failure to notify Sponsor is cause for the determination of serious deficiency.
Provider Initials _____
2. Provider attests that they are not and have not been on Corrective Action with a Sponsor or been subject to a negative licensing action during the last 30 days.
Provider Initials _____
3. Provider has not been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity. Provider has not been declared ineligible to participate in any other federally funded program for violating that programs requirements.
Provider Initials _____

5. Provider understands that providing false information on the application may cause the application for participation to be denied and is cause for a determination of serious deficiency.

Provider Initials _____

6. Provider has chosen to enroll with this sponsoring organization for participation in MT CACFP. Provider is aware that other sponsoring organizations also exist and are available to enroll day care homes for participation in MT CACFP. Provider understands that they may change sponsors if they wish, but that all adverse actions by MT CACFP or MT QAD DPHHS against the provider must be resolved prior to changing sponsors and the history of these actions will be communicated to any future sponsor.

Provider Initials _____

SECTION VI: ADDENDUMS

Provider must initial each addendum below

Addendum A: Corrective Action Plans

“Issue a Corrective Action Plan (CAP) or a Notice of Serious Deficiency depending on the seriousness of violations and regularly repeated findings. Provide a CAP to Provider, notifying Provider of the steps to be taken to obtain and assure all CACFP deficiencies are fully and permanently corrected, allowing a maximum of 90 days for completion...” [7 CFR 226.6(c)(4)]

Provider Initials _____

Addendum B: Notice to Change Sponsoring Organization

If providers are deemed Seriously Deficient, they cannot give notice to change their Sponsoring Organization until 30 days after their Seriously Deficient status has been removed.

Provider Initials _____

Addendum C: Sign In/Out Records

“Daily attendance, time in/time out records, indicating children in care must be kept. Sign-in/sign-out records must include the child’s **FULL** name and be initialed by parents/guardians **[including the provider’s own children]** for each occurrence of in/out time on a daily basis, and full signature at a minimum, weekly at the **end** of each business week. Failure to maintain daily sign-in/sign-out records may be cause for meal disallowances;”

Provider Initials _____

Addendum D: Records Maintenance

Providers must maintain and have on hand for immediate review all records that support their CACFP program activities for the current month and the previous twelve months of operation. Records include each child’s enrollment, attendance (sign in/out records) and menus for meals served. This includes each child’s original enrollment form and all renewal enrollment forms. These records must be maintained at the provider’s facility and with the sponsoring organization. Failure to maintain the records listed above is grounds for the denial of reimbursement.

Provider Initials _____

I certify that all information provided in this agreement is true and correct. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

This Agreement is entered into between _____
Sponsoring Organization Name
and _____
Provider's Name

This agreement specifies some of the specific rights and responsibilities, of Sponsor and Provider as participants in the United States Department of Agriculture (USDA), Montana Child & Adult Care Food Program (CACFP). Additional requirements are stated in the USDA federal regulation 7 CFR 226, MT CACFP Administrative Rules, federal and state policies, and guidance.

The terms of this agreement are to be reviewed annually between Sponsor and Provider.

If the Provider moves or has a legal name change, a new agreement must be filled out and marked "CHANGE" and a Current Registration reflecting the changes must be supplied to the Sponsor.

Comments and notations:

To express the Parties' intent to be bound by the terms of this Agreement, they have executed this Agreement on the dates set out below:

_____ Provider's Signature	_____ Date
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_____ Provider's Signature, (if Partnership)	_____ Date
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_____ Signature of Sponsor's Authorized Representative	_____ Date
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Non-discrimination statement:

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer."